

## PROFESSIONAL LICENSURE DIVISION[645]

### Notice of Intended Action

#### **Proposing rule making related to the licensure, practice, and discipline of physician assistants and providing an opportunity for public comment**

The Iowa Board of Physician Assistants hereby proposes to amend Chapter 326, “Licensure of Physician Assistants,” Chapter 327, “Practice of Physician Assistants,” and Chapter 329, “Discipline for Physician Assistants,” Iowa Administrative Code.

#### *Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 147.76 and 2020 Iowa Acts, Senate File 2357.

#### *State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 148C.

#### *Purpose and Summary*

2020 Iowa Acts, Senate File 2357, signed by Governor Reynolds on March 18, 2020, requires the Board of Physician Assistants to amend, rescind, and adopt rules in substantial compliance with Sections 9 and 10 of the Act. Sections 9 and 10 of the Act instruct the Board to make numerous changes within its licensure, practice, and discipline administrative code chapters. This proposed rule making implements the Act’s amendments, rescissions, and adoptions to the Board’s rules.

#### *Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

#### *Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

#### *Waivers*

A waiver provision is not included in this rule making because all administrative rules of the professional licensure boards in the Professional Licensure Division are subject to the waiver provisions accorded under 645—Chapter 18.

#### *Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Division no later than 4:30 p.m. on June 23, 2020. Comments should be directed to:

Susan Reynolds  
Professional Licensure Division  
Iowa Department of Public Health  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319  
Email: [susan.reynolds@idph.iowa.gov](mailto:susan.reynolds@idph.iowa.gov)

### *Public Hearing*

A public hearing at which persons may present their views orally or in writing will be held as follows:

June 23, 2020  
8 to 8:30 a.m.

Fifth Floor Conference Room 526  
Lucas State Office Building  
Des Moines, Iowa

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rule making. In an effort to ensure accuracy in memorializing a person's comments, a person may provide written comments in addition to or in lieu of oral comments at the hearing.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend rule **645—326.1(148C)**, definitions of “Approved program,” “Opioid,” “Physician assistant,” “Remote medical site” and “Supervising physician,” as follows:

“*Approved program*” means a program for the education of physician assistants which has been accredited by the ~~American Medical Association’s Committee on Allied Health Education and Accreditation, by its successor, the Commission on Accreditation of Allied Health Education Programs, or by its successor, the Accreditation Review Commission on Education for the Physician Assistant, or~~ if accredited prior to 2001, either by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

“*Opioid*” means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain or opioid use disorder.

“*Physician assistant*” or “PA” means a person licensed as a physician assistant by the board.

“*Remote medical site*” means a medical clinic for ambulatory patients which is more than 30 miles away from the main practice location of a supervising physician and in which a supervising physician is present less than 50 percent of the time the site is open. “Remote medical site” ~~will~~ does not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided, such as a (e.g., diet center, free clinic, site for athletic physicals, or a jail facility).

“*Supervising physician*” means a physician who supervises the medical services provided by the physician assistant consistent with the physician assistant’s education, training, or experience and who accepts ultimate responsibility for the medical care provided by the ~~physician/physician~~ physician-physician assistant team.

ITEM 2. Adopt the following **new** definition of “Collaboration” in rule **645—326.1(148C)**:

“*Collaboration*” means consultation with or referral to the appropriate physician or other health care professional by a physician assistant as indicated by the patient’s condition; the education, competencies, and experience of the physician assistant; and the standard of care.

ITEM 3. Amend rule 645—326.6(148C) as follows:

**645—326.6(148C) Examination requirements.** The applicant for licensure as a physician assistant shall successfully pass the certifying examination ~~for physician assistants~~ conducted by the National

Commission on Certification of Physician Assistants or a successor examination approved by the board of physician assistants.

ITEM 4. Amend rule 645—326.15(148C) as follows:

**645—326.15(148C,88GA,ch1020) Use of title.** A physician assistant licensed under Iowa Code chapter 148C may use the words “physician assistant” after the person’s name or signify the same by the use of the letters “PA.” A person who meets the qualifications for licensure under Iowa Code chapter 148C but does not possess a current license may use the title “PA” or “physician assistant” but may not act or practice as a physician assistant unless licensed under Iowa Code chapter 148C.

ITEM 5. Amend rule 645—326.18(148C) as follows:

**645—326.18(148C) Recognition of an approved program.** The board shall recognize a program for education and training of physician assistants if it is accredited by ~~the American Medical Association’s Committee on Allied Health Education and Accreditation, by its successor, the Commission on Accreditation of Allied Health Educational Programs, or by its successor,~~ the Accreditation Review Commission on Education for the Physician Assistant, or its successor, or, if accredited prior to 2001, either by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Educational Programs.

This rule is intended to implement Iowa Code section 148C.2.

ITEM 6. Amend paragraph **326.19(3)“b”** as follows:

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

- (1) No change.
- (2) Verification of completion of 200 hours of continuing education within two years of application for reactivation, of which at least 40 percent of the hours completed shall be in Category I, or NCCPA or successor agency certification; ~~and,~~
- (3) ~~Information on each supervising physician.~~

ITEM 7. Amend rule 645—327.1(148C) as follows:

**645—327.1(148C,88GA,ch1020) Duties.** The medical services to be provided by the physician assistant are those for which the physician assistant has been prepared by education, training, or experience and is competent to perform. The ultimate role of the physician assistant cannot be rigidly defined because of the variations in practice requirements due to geographic, economic, and sociologic factors. The high degree of responsibility a physician assistant may assume requires that, at the conclusion of the formal education, the physician assistant possess the knowledge, skills, and abilities necessary to provide those services appropriate to the practice setting. The physician assistant’s services may be utilized in any clinical settings including but not limited to the office, the ambulatory clinic, the hospital, the patient’s home, extended care facilities, and nursing homes. Diagnostic and therapeutic medical tasks for which the supervising physician has sufficient training or experience may be delegated to the physician assistant after a supervising physician determines the physician assistant’s proficiency and competence.

**327.1(1)** A physician assistant’s duties relating to prescribing, dispensing, ordering, administering, and procuring drugs and medical devices include all of the following:

- a. Administering any drug.
- b. Prescribing, dispensing, ordering, administering, and procuring drugs and medical devices. A physician assistant may plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions including but not limited to durable medical equipment, nutrition, blood and blood products; and diagnostic support services including but not limited to home health care, hospice, and physical and occupational therapy. The prescribing and dispensing of drugs may include Schedule II through V substances, as described in Iowa Code chapter 124, and all legend drugs.
- c. A physician assistant may prescribe drugs and medical devices subject to all of the following conditions:

(1) The physician assistant shall have passed the national certifying examination conducted by the National Commission on the Certification of Physician Assistants or its successor examination approved by the board. Physician assistants with temporary licenses may order drugs and medical devices only with the prior approval and direction of a supervising physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient being seen by the physician assistant.

(2) The physician assistant must comply with appropriate federal and state regulations.

(3) If a physician assistant prescribes or dispenses controlled substances, the physician assistant must register with the federal Drug Enforcement Administration.

(4) The physician assistant may prescribe or order Schedule II controlled substances which are listed as depressants in Iowa Code chapter 124 only with the prior approval and direction of a supervising physician who has sufficient training and experience. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient being seen by the physician assistant.

(5) A physician assistant shall not prescribe substances that the physician assistant's supervising physician does not have the authority to prescribe, except as allowed by paragraph 327.1(2) "n."

(6) The physician assistant may prescribe, supply, and administer drugs and medical devices in all settings, including but not limited to hospitals, health care facilities, health care institutions, clinics, offices, health maintenance organizations, and outpatient and emergency care settings.

(7) A physician assistant may request, receive, and supply sample drugs and medical devices.

(8) The board of physician assistants shall be the only board to regulate the practice of physician assistants relating to prescribing and supplying prescription drugs, controlled substances, and medical devices.

d. Supplying properly packaged and labeled prescription drugs, controlled substances, or medical devices when pharmacist services are not reasonably available or when it is in the best interest of the patient.

(1) If the physician assistant is the prescriber of the medications supplied pursuant to this paragraph, the medications supplied shall be for the purpose of accommodating the patient and shall not be sold for more than the cost of the drug and reasonable overhead costs as they relate to supplying prescription drugs to the patient and not at a profit to the physician or physician assistant.

(2) A nurse or staff assistant may assist the physician assistant in supplying medications.

~~327.1(1)~~ **327.1(2)** The medical services to be provided by the physician assistant are those delegated by a supervising physician. The ultimate role of the physician assistant cannot be rigidly defined because of the variations in practice requirements due to geographic, economic, and sociologic factors. The high degree of responsibility a physician assistant may assume requires that, at the conclusion of the formal education, the physician assistant possess the knowledge, skills and abilities necessary to provide those services appropriate to the practice setting. The physician assistant's services may be utilized in any clinical settings including, but not limited to, the office, the ambulatory clinic, the hospital, the patient's home, extended care facilities and nursing homes. Diagnostic and therapeutic medical tasks for which the supervising physician has sufficient training or experience may be delegated to the physician assistant after a supervising physician determines the physician assistant's proficiency and competence. The medical services to be provided by the physician assistant also include, but are not limited to, the following:

a. to g. No change.

r. Administer any drug (a single dose).

s. Prescribe drugs and medical devices under the following conditions:

(1) The physician assistant shall have passed the national certifying examination conducted by the National Commission on the Certification of Physician Assistants or its successor examination approved by the board. Physician assistants with a temporary license may order drugs and medical devices only with the prior approval and direction of a supervising physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient's being seen by the physician assistant.

~~(2) The physician assistant may not prescribe Schedule II controlled substances which are listed as depressants in Iowa Code chapter 124. The physician assistant may order Schedule II controlled substances which are listed as depressants in Iowa Code chapter 124 only with the prior approval and direction of a physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient's being seen by the physician assistant.~~

~~(3) The physician assistant shall inform the board of any limitation on the prescriptive authority of the physician assistant in addition to the limitations set out in 327.1(1)"s"(2).~~

~~(4) A physician assistant shall not prescribe substances that the supervising physician does not have the authority to prescribe except as allowed in 327.1(1)"n."~~

~~(5) The physician assistant may prescribe, supply and administer drugs and medical devices in all settings including, but not limited to, hospitals, health care facilities, health care institutions, clinics, offices, health maintenance organizations, and outpatient and emergency care settings except as limited by 327.1(1)"s"(2).~~

~~(6) A physician assistant who is an authorized prescriber may request, receive, and supply sample drugs and medical devices except as limited by 327.1(1)"s"(2).~~

~~(7) The board of physician assistants shall be the only board to regulate the practice of physician assistants relating to prescribing and supplying prescription drugs, controlled substances and medical devices.~~

~~t. Supply properly packaged and labeled prescription drugs, controlled substances or medical devices when pharmacist services are not reasonably available or when it is in the best interests of the patient as delegated by a supervising physician.~~

~~(1) When the physician assistant is the prescriber of the medications under 327.1(1)"s," these medications shall be supplied for the purpose of accommodating the patient and shall not be sold for more than the cost of the drug and reasonable overhead costs as they relate to supplying prescription drugs to the patient and not at a profit to the physician or physician assistant.~~

~~(2) When a physician assistant supplies medication on the direct order of a physician, subparagraph (1) does not apply.~~

~~(3) A nurse or staff assistant may assist the physician assistant in supplying medications when prescriptive drug supplying authority is delegated by a supervising physician to the physician assistant under 327.1(1)"s."~~

~~u. When a physician assistant supplies medications as delegated by a supervising physician in a remote site, the physician assistant shall secure the regular advice and consultation of a pharmacist regarding the distribution, storage and appropriate use of prescription drugs, controlled substances, and medical devices.~~

~~v. r. May, at At the request of the peace officer, withdraw a specimen of blood from a patient for the purpose of determining the alcohol concentration or the presence of drugs.~~

~~w. s. Direct medical personnel, health professionals, and others involved in caring for patients in and the execution of patient care.~~

~~x. t. May authenticate Authenticate medical forms by signing the form and including a supervising physician's name.~~

~~y. u. Perform other duties appropriate to a physician's physician assistant's practice.~~

~~z. v. Health care providers shall consider the instructions of the a physician assistant to be instructions of a supervising physician if the instructions concern duties delegated to the physician assistant by the supervising physician authoritative.~~

**327.1(2) 327.1(3) Emergency medicine duties.**

*a. to d.* No change.

ITEM 8. Amend rule 645—327.4(148C) as follows:

**645—327.4(148C,88GA,ch1020) Remote medical site.**

**327.4(1)** A physician assistant may provide medical services in a remote medical site if ~~one~~ any of the following ~~three~~ conditions is met:

a. The physician assistant has a permanent license and at least one year of practice as a physician assistant; ~~or~~

b. The physician assistant with less than one year of practice has a permanent license and meets all of the following criteria:

(1) The physician assistant has practiced as a physician assistant for at least six months; ~~and~~

(2) The physician assistant and supervising physician have worked together at the same location for a period of at least three months; ~~and~~

(3) The supervising physician reviews patient care provided by the physician assistant ~~at least weekly as determined to be appropriate by the supervising physician;~~ and

(4) The supervising physician ~~signs all~~ reviews a representative sample of patient charts unless the medical record documents that direct consultation with the supervising physician occurred for a period the supervising physician determines is appropriate; ~~or~~

c. The physician assistant and supervising physician provide a written statement sent directly to the board that the physician assistant is qualified to provide the needed medical services and that the medical care will be unavailable at the remote site unless the physician assistant is allowed to practice there. In addition, for three months, the supervising physician must review ~~patient care provided by the physician assistant at least weekly and must sign all~~ a representative sample of patient charts ~~unless the medical record documents that direct consultation with the supervising physician occurred for patient care provided by the physician assistant at least weekly.~~

**327.4(2)** The supervising physician must visit a remote site or communicate with the physician assistant at the remote site via electronic communications to provide additional medical direction, medical services, and consultation at least every two weeks. For the purposes of this rule, communication may consist of, but shall not be limited to, in-person meetings, two-way interactive communication directly between the supervising physician and the physician assistant via the telephone, secure messaging, electronic mail, or chart review. ~~At least one supervising physician must meet in person with the physician assistant at the remote medical site at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.~~

ITEM 9. Amend rule 645—327.5(147) as follows:

**645—327.5(147,88GA,ch1020) Identification as a physician assistant.** The physician assistant shall be identified as a physician assistant to patients and to the public, regardless of the physician assistant's educational degree.

ITEM 10. Amend subrule 327.6(2) as follows:

**327.6(2)** Each oral prescription drug order issued by a physician assistant shall include the same information required for a written prescription, except for the written signature of the physician assistant and the physician assistant's practice address of the practitioners.

ITEM 11. Amend subrule 329.2(25) as follows:

**329.2(25)** Representing oneself as a physician assistant when one's license has been suspended or revoked, or when one's license is on inactive status, except as provided by rule 645—326.15(148C).